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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M. D., Director



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GUY P. JONES  
Editor

## Public Health Training for Teachers

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Public health personnel have long decried the lack of general public acceptance of certain well known scientific public health facts as applied to daily living. It would seem obvious that the underlying cause is lack of complete education of the American public in such matters, as it is well known that people in this country do not accept readily things which they do not completely understand. The present era is one of intense competition between commercial enterprises, many of which sell the public by use of so-called health information over the radio and through other forms of advertising. Official and nonofficial health agencies are less well equipped by virtue of lack of both money and personnel than any commercial enterprise to sell public health to the persons in their own communities. Furthermore, it is unlikely that the health agencies will have the means of competing on an equal footing with commercial sales information in the near future.

However, there is one group which should and can be the especial field of education to which the health department has free entree and in which the recipient group is established by law. This group is the public school population which is comprised of 26,000,000 children, and is the most fertile field for establishment of health attitudes and health knowledge to be found. Any commercial organization would give its eye teeth to have daily access for the sale of any idea to a group representing approximately 20 per cent of the total population of the United States.

It is consequently of vital importance that public health instruction should be on a high plane in the public schools. The level of such instruction will be exactly in proportion to the amount and kind of

health instruction had by the teacher herself, and it has long been known that, from the standpoint of practical community health work, the school child has not been developed into a citizen having the health knowledge which should be expected of every intelligent person. Simple health facts accepted as commonplace by the health officer and the public health nurse are absolutely unknown to the average citizen. A few simple questions will serve to demonstrate that the reason lies in that these same facts are unknown by the average teacher. It is true that there has been an increase in health information given to both teachers and their pupils, but there has been a sad lack in really good health instruction in both groups.

While there are certain exceptions, most teacher-training institutions do not provide a real understanding of public health problems and health knowledge. The teacher is not educationally equipped to take advantage of every opportunity to teach public health in the school, nor is she sufficiently and constantly conscious of the importance of such teaching to seize on opportunities when they present themselves. Many teachers who are constantly aware of the need for providing health instruction give incomplete or untrue information to students, or do not have the background to discuss adequately problems which they have consciously brought up. Even in teacher-training institutions where fairly good coverage of public health material is available, the teacher is often given information below the level of real scientific approach. It is exceedingly important that she be given credit for sufficient intelligence to learn public health on the highest plane of scientific information, and later break



it down to the level of the group she is to teach, in the same manner applied to biology, mathematics, and other scientific subjects.

The result of this situation has been the development in Santa Cruz County of a highly concentrated 30-hour course in public health for school teachers already in service. This course covers the entire field of public health briefly, with emphasis placed upon certain fundamental facts; communicable disease control and nutrition were particularly stressed. It is recognized that such a short course can not possibly avoid leaving out a great deal of didactic information of an important character. However, there have been two salient features stressed throughout. The first of these has been the direction of thinking processes along the lines of sound scientific health knowledge with more emphasis given to fundamental underlying principles than to individual details. Selected bibliographical material has been provided in which the teacher can look up specific data not covered or only touched upon in the course, and it has been demonstrated that she does this of her own accord later. The second of these features has been that every effort be made to create a new public health consciousness, and to present material in such a manner that the teacher becomes really interested and develops an actual sense of excitement over the possibilities for pupil teaching open in the public health field. Instruction has been carried on once a week by the health officer in evening classes. The course has been presented both as a part of the evening high school and as a university extension course for two units of credit for an A.B. degree. Not only have the teachers enrolled found that the material presented was new to them and of an interesting character, but their pupils during the years following have shown an unusual increase in health knowledge, and in its actual application to their daily home and school life. Especially designed tests have shown that it is quite possible to teach children even of kindergarten age essential health facts on a rather high scientific plane, and in a manner which permanently involves their thinking.

It is a difficult and slow job to change the curricula of normal schools. Courses of this kind can be available in any community where there is a trained health officer. He is and should be considered a specialist in his field, and one of his functions should be to train teachers in that specialty. I should like to emphasize that, this having been accomplished, the teacher becomes the person with the greatest opportunity and ability to present public health knowledge to the school child. It does not seem conceivable that such a program can fail to have a tremendous effect upon the

adult life of the present and future generations of school children who actually will determine the health status of our community.

#### **PREVENTION OF MERCURY POISONING IN HAT MANUFACTURING**

Mercury poisoning is one of the oldest recorded industrial hazards. It was mentioned by Hippocrates and Pliny; and in 1700, Bernardo Ramazini, who is known as the father of industrial medicine, described the "dismal calamities" which affected persons who "sucked in mercury smoake."

Mercury compounds have been used since the 17th century in the manufacture of fur felt hats. The rabbit, hare, or other rodent fur is treated with mercury nitrate, or some other mercurial compound, in order to produce a firm felt. This process is known as "carroting" because of the resulting carrot-yellow color which is imparted to the treated skin.

Exposure of workers to mercury vapor begins with the drying and piling of the treated fur, and continues through the various steps of preparation, to the completed hat.

Investigations made by the United States Public Health Service in the hatters' fur cutting and fur felt hat industries, revealed that a large percentage of employees in these industries, had developed chronic mercurialism, with extreme irritability, digestive disturbances, insomnia, loss of appetite, tremors, loss of weight, and sore mouth.

"The Mad Hatter," described in Lewis Carroll's "Alice in Wonderland," and the expression "mad as a hatter," illustrate the prevalence of nervous and mental disorders due to chronic mercury poisoning among workers in the hat manufacturing industry.

Until substitutes for mercury were developed, ventilation, segregation of operations, and frequent medical examination of workers were the only means of control. Despite precautions, however, mercury poisoning continued to develop in some of the employees.

After years of research, satisfactory non-poisonous substitutes for mercury compounds have now been developed for the carroting of fur, and the United States Public Health Service, the Hatters' Fur Association, and the Hat Institute, have recommended that the use of mercury compounds in the industry be discontinued.

At the July meeting of the California State Board of Health, a resolution was adopted prohibiting the use of mercurial carroting compounds in California hatters' fur cutting and fur felt hat manufacturing plants after December 1, 1941.



## EXPERIMENTAL VACCINATION AGAINST INFLUENZA

In continuation of the vaccination test program of the California State Health Department's Influenza Research Laboratory, inoculations against influenza have been carried out in cooperation with the Naval Research Unit No. 1 and the University of California. Approximately 10,000 doses of influenza A vaccine and 2,000 doses of influenza B vaccine have been given by Doctor Krueger and his staff to men in the United States Navy. Doctor Donald at the Cowell Memorial Hospital has administered approximately 1,300 doses of influenza A vaccine to members of the freshman class at the University. All of the influenza A vaccine used in these tests was supplied by the Laboratories of the International Health Division of The Rockefeller Foundation in New York through the California State Health Department. The influenza B vaccine is a new preparation which has been produced locally on a limited scale at the Influenza Research Laboratory. In anticipation of a possible epidemic of influenza B during the coming winter, plans are under way to inoculate an additional group of several hundred volunteers with the B vaccine.

### DR. VIAU AT TULARE

Dr. Benjamin H. Viau of Sanger has been appointed Health Officer of Tulare County effective September 1, 1941. Dr. Viau will serve while Dr. A. E. Raitt who has held the office for several months will take a special training course at Harvard University. Dr. Viau has been engaged in private practice at Sanger for several years.

No enterprise in the range of human experience can rank with learning. By it alone man rises above dumb creatures. If, therefore, we have received nothing else so good as the mind, what should be more worth cultivating? No quest of gold or worldly power has in the long run ever brought like gratification. No other adventure is to be compared with it. Through it civilization and all man's higher achievements have been won.—Leon J. Richardson.

The first sure symptoms of a mind in health are rest of heart and pleasure found at home.—Young.

## REVISED LIST OF REPORTABLE DISEASES

### Reportable Only:

#### Anthrax

Botulism—if commercial product notify State Department of Health at once.

#### Coccidioidal Granuloma

Dengue—keep patient in mosquito free room.

#### Epilepsy

#### Food Poisoning

Glanders—report by phone or telegraph.

Jaundice—infectious or epidemic types.

Malaria—keep patient in mosquito free room.

Pneumonia—specify type of pneumococcus, if known.

#### Relapsing fever

#### Rocky Mountain Spotted Fever

#### Tetanus

#### Trichinosis

#### Tularemia

#### Undulant fever

### Reportable and Subject to Isolation:

Epidemic diarrhea of the newborn (in institutions)

#### Chickenpox

Dysentery—Amoebic

Dysentery—Bacillary—specify type, if known.

#### German Measles

#### Influenza

#### Measles

#### Mumps

#### Ophthalmia Neonatorum

#### Psittacosis

Rabies—in animals. Use special card.

Rabies—in humans.

Septic Sore Throat (in epidemic form).

#### Trachoma

Tuberculosis—use special card.

#### Whooping Cough

Syphilis—use special card.

Gonorrhea—use special card.

Chancroid—use special card.

Lymphopathia Venereum—use special card.

Granuloma inguinale—use special card.

### Reportable and Subject to Quarantine and Placarding:

Cholera—report by telephone or telegraph to State Department of Health.

#### Diphtheria

Encephalitis (Infectious)—specify type, if known.

NOTE: This means all forms of acute encephalitis such as St. Louis type, equine type, and any other epidemic form occurring in California.

#### Leprosy

Meningitis (due to the meningococcus).

Paratyphoid Fever—specify type A or B.

Plague—report by telephone or telegraph to State Department of Health.

#### Acute Anterior Poliomyelitis

#### Scarlet Fever

#### Smallpox

#### Typhoid Fever

#### Typhus Fever

Yellow Fever—report by telephone or telegraph to State Department of Health.



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
August 16, 1941

## Chickenpox

81 cases: Berkeley 1, Oakland 4, Los Angeles County 6, Alhambra 1, Burbank 1, Huntington Park 2, La Verne 2, Long Beach 1, Los Angeles 23, Pasadena 1, Santa Monica 1, South Gate 4, Bell 2, Mendocino County 1, Plumas County 3, Riverside 1, San Diego County 3, National City 1, San Diego 1, San Francisco 12, San Joaquin County 1, Santa Barbara 1, Santa Maria 1, San Jose 1, Sonoma County 2, Sutter County 2, Oxnard 2.

## Diphtheria

7 cases: Los Angeles County 2, Los Angeles 3, Orange County 1, Shasta County 1.

## German Measles

90 cases: Alameda County 2, Albany 1, Berkeley 6, Oakland 1, Piedmont 1, San Leandro 1, Los Angeles County 2, Burbank 2, Huntington Park 5, Long Beach 1, Los Angeles 8, Pasadena 5, San Gabriel 1, Santa Monica 1, Whittier 1, Yosemite National Park 1, Orange County 2, Orange 1, Plumas County 2, Sacramento 4, San Diego County 1, Chula Vista 5, San Diego 4, San Francisco 14, San Joaquin County 1, Stockton 1, Tracy 1, Daly City 1, Santa Barbara County 2, Sonoma County 7, Santa Rosa 1, Exeter 1.

## Influenza

26 cases: Berkeley 1, Oakland 1, Inyo County 1, Los Angeles County 4, Los Angeles 5, Montebello 1, Orange County 1, San Jose 1.

## Malaria

4 cases: Fresno County 1, North Sacramento 1.

## Measles

104 cases: Oakland 4, Contra Costa County 1, Humboldt County 5, Bishop 1, Kern County 1, Los Angeles County 9, Avalon 1, Glendale 2, Huntington Park 7, Los Angeles 10, Montebello 1, Pomona 2, Santa Monica 1, South Pasadena 1, South Gate 1, Bell 1, Calistoga 3, Napa 2, Orange County 1, Santa Ana 1, Plumas County 6, San Bernardino County 1, Redlands 1, La Mesa 1, San Diego 3, San Francisco 4, Stockton 1, Santa Barbara County 1, Santa Clara County 3, Sonoma County 9, Stanislaus County 1, Modesto 2, Tulare County 3, Ventura County 1, Oxnard 3, Santa Paula 1, Ventura 1, Yuba County 1.

## Mumps

232 cases: Berkeley 2, Oakland 4, Piedmont 2, Fresno County 4, Kern County 3, Bakersfield 1, Susanville 1, Los Angeles County 29, Alhambra 2, Avalon 1, Burbank 4, Glendale 2, Huntington Park 1, Inglewood 1, Long Beach 1, Los Angeles 22, Pomona 1, San Fernando 1, San Marino 1, Santa Monica 2, Whittier 3, Lynwood 1, South Gate 4, Maywood 2, Bell 1, Marin County 1, Monterey County 5, Salinas 1, Calistoga 1, Orange County 1, Santa Ana 3, Tustin 1, Corona 6, Sacramento 2, San Bernardino County 3, Ontario 1, Redlands 4, San Diego County 4, Chula Vista 1, Coronado 1, National City 4, San Diego 34, San Francisco 15, Stockton 1, San Luis Obispo 1, Santa Barbara County 1, Santa Barbara 3, Santa Maria 1, Santa Clara County 1, San Jose 4, Sonoma County 2, Santa Rosa 9, Stanislaus County 3, Ventura County 1, Oxnard 2, Santa Paula 8, Yolo County 1, Yuba County 5.

## Pneumonia (Lobar)

55 cases: Alameda County 1, Berkeley 1, Oakland 1, Kern County 1, Los Angeles County 9, Long Beach 3, Los Angeles 16, Montebello 1, Riverside County 1, Riverside 1, Sacramento County 1, San Diego 2, San Francisco 3, San Joaquin County 1, San Luis Obispo County 1.

## Scarlet Fever

48 cases: Oakland 1, Gridley 5, Contra Costa County 1, Fresno County 1, Fresno 1, Kern County 7, Delano 1, Susanville 1, Los Angeles County 2, Compton 1, Los Angeles 7, South Gate 1, Gardena 1, Fairfax 1, Fullerton 1, Lincoln 1, Plumas County 1, Riverside County 1, Riverside 1, Sacramento 1, Ontario 1, National City 2, Oceanside 1, San Joaquin County 2, Stockton 1, Belmont 1, Stanislaus County 1, Red Bluff 1.

## Smallpox

No cases reported.

## Typhoid Fever

8 cases: Fresno County 1, Los Angeles 1, Sacramento County 2, Stanislaus County 4.

## Whooping Cough

354 cases: Alameda County 10, Albany 1, Berkeley 9, Oakland 13, San Leandro 4, Calaveras County 2, Colusa County 1, Contra Costa County 1, Fresno County 2, Fresno 3, Sanger 2, Selma 2, Inyo County 3, Kern County 1, Los Angeles County 48, Burbank 1, Glendale 3, Huntington Park 6, Long Beach 1, Los Angeles

51, Monrovia 3, Pasadena 6, Torrance 4, South Gate 2, Monterey Park 1, Madera County 2, Merced County 10, Pacific Grove 1, Salinas 2, Soledad 3, Orange County 1, Indio 2, Sacramento 6, San Benito County 4, San Bernardino 1, San Diego County 5, Chula Vista 4, National City 6, San Diego 41, San Francisco 22, San Joaquin County 11, Stockton 9, San Luis Obispo County 2, Redwood City 2, Santa Barbara 4, Santa Maria 5, Santa Clara County 3, Palo Alto 1, San Jose 7, Stanislaus County 3, Sutter County 6, Tulare County 1, Ventura County 2, Fillmore 1, Oxnard 2, Santa Paula 2, Davis 3.

## Meningitis (Epidemic)

One case: Los Angeles.

## Dysentery (Amoebic)

8 cases: Los Angeles County 1, Ontario 5, California 2.\*

## Dysentery (Bacillary)

20 cases: Los Angeles County 9, Los Angeles 2, Monrovia 1, Pasadena 1, San Francisco 1, Santa Barbara 1, Santa Clara County 4, Mount Shasta City 1.

## Ophthalmia Neonatorum

One case: Los Angeles.

## Poliomyelitis

6 cases: Pittsburg 1, Fresno County 1, Bakersfield 1, Los Angeles County 1, Los Angeles 2.

## Tetanus

One case: Los Angeles.

## Trachoma

One case: Palo Alto.

## Encephalitis (Epidemic)

2 cases: Fresno County.

## Paratyphoid Fever

2 cases: Bell 1, Chula Vista 1.

## Plague

One case: Siskiyou County.

## Rocky Mountain Spotted Fever

One case: California.\*

## Trichinosis

5 cases: San Leandro 1, San Francisco 3, Solano County 1.

## Jaundice (Epidemic)

One case: Los Angeles County.

## Food Poisoning

7 cases: San Francisco 6, Tulare 1.

## Undulant Fever

5 cases: Kern County 1, Los Angeles County 1, Pasadena 1, South Gate 1, Red Bluff 1.

## Septic Sore Throat

One case: Tulare County.

## Epilepsy

28 cases: Oakland 1, Los Angeles County 3, Los Angeles 18, Bell 1, San Francisco 3, San Joaquin County 1, Stockton 1.

## Rabies (Animal)

9 cases: Los Angeles County 1, Culver City 1, Los Angeles 1, San Bernardino 2, San Diego 4.

\*Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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